

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JS</i>	<i>68007</i>	<i>919 LMD</i>
O.I.P.E. CLASSIFIER		<i>79</i>	<i>5/1/00</i>
FORMALITY REVIEW	<i>BZ</i>	<i>JC3-883</i>	<i>10-17-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 - Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	06/23/00
2	✓	✓	06/23/00
3	✓	✓	06/23/00
4	✓	✓	06/23/00
5	✓	✓	06/23/00
6	✓	✓	06/23/00
7	✓	✓	06/23/00
8	✓	✓	06/23/00
9	✓	✓	06/23/00
10	✓	✓	06/23/00
11	✓	✓	06/23/00
12	✓	✓	06/23/00
13	✓	✓	06/23/00
14	✓	✓	06/23/00
15	✓	✓	06/23/00
16	✓	✓	06/23/00
17	✓	✓	06/23/00
18	✓	✓	06/23/00
19	✓	✓	06/23/00
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26	✓	✓	06/23/00
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28	✓	✓	06/23/00
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46	✓	✓	06/23/00
47	✓	✓	06/23/00
48	✓	✓	06/23/00
49	✓	✓	06/23/00
50	✓	✓	06/23/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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